



Nationwide®

New Employee Notification Form Post Employment Health Plans

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For all plans except non-collectively bargained in CA, NV and AZ

Phone: 877-677-3678 • NRSFORU.com

1. Employee Information

Name: _____ SSN: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Date of Birth: _____ Email Address: _____

Employer Name: _____ Employer Number: _____

2. Spouse/Dependent Designation

Name: _____ SSN: _____

Date of Birth: _____ Relationship: _____

3. Investment Options

Asset Allocation/Nationwide® Investor Destinations Series

_____ % NWVE4 - Nationwide® Investor Destinations:
Aggressive Fund (Service Class)

_____ % NWVE5 - Nationwide® Investor Destinations:
Moderately Aggressive Fund (Service Class)

_____ % NWVE6 - Nationwide® Investor Destinations:
Moderate Fund (Service Class)

_____ % NWVE7 - Nationwide® Investor Destinations:
Moderately Conservative Fund (Service Class)

_____ % NWVE8 - Nationwide® Investor Destinations:
Conservative Fund (Service Class)

International

_____ % NVVH0 - JP Morgan International Equity Fund
(Class A)

_____ % NVV90 - Oppenheimer Global Fund (Class A)

Small Cap

_____ % NVVI8 - Fidelity Advisor Small Cap Fund (Class A)

_____ % NVVD6 - Nationwide® Small Cap Index Fund
(Class A)

Mid Cap

_____ % NVV0J6 - American Century Heritage Fund
(Investor Class)

Mid Cap (Continued)

_____ % NVVD5 - Nationwide® Mid Cap Market Index Fund
(Class A)

_____ % NVVI7 - Goldman Sachs Mid Cap Value Fund
(Class A)

Large Cap

_____ % NWV29 - American Century Ultra Fund
(Investor Class)

_____ % NVVA5 - Nationwide® S&P 500 Index Fund
(Institutional Class)

_____ % NWV62 - Nationwide® Fund (Institutional Class)

_____ % NWVF6 - Invesco Growth & Income Fund (Class A)

Bonds

_____ % NVVD8 - PIMCO Total Return Fund (Class A)

Fixed/Cash

_____ % NVV06 - Nationwide® Money Market Fund
(Prime Shares)

_____ % NW** - Nationwide® Fixed Account

100 % TOTAL

4. Participant Authorization

I hereby acknowledge that I have been provided a Fact Sheet from my employer, which describes the new Post Employment Health Plan (PEHP). I understand if my total investment election above is less than 100%, the remaining percentage of monies invested into my account will be allocated to the Nationwide Fixed Account option until I contact the PEHP Service Center by calling **877-677-3678** or accessing the Nationwide Retirement Solutions web site at **NRSFORU.com** to make an account change.

Signature: _____ Date: _____

NOTE: Please return form to PEHP Service Center, PO Box 182797, Columbus, OH 43218-2797 or via fax: 877-677-4329

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